

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Donald A. Schon, Anthony J. Madison and

Timothy M. Schweikert

For: A Multilumen Catheter And Methods For Making The Catheter

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for the following type of application:

(check one applicable item below)

- | | |
|--|---|
| <input type="checkbox"/> Original | <input type="checkbox"/> Divisional |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> U.S. National Stage of PCT |
| <input checked="" type="checkbox"/> Continuation-in-Part | |

My residence, post office address and citizenship are as stated below next to my name; and I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

- | | |
|--|--|
| <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent |
|--|--|

is sought on the invention, whose title appears above, the specification of which:

- | |
|---|
| <input type="checkbox"/> is attached hereto |
| <input checked="" type="checkbox"/> was filed on November 21, 2002 , as U.S. Serial Number 10/300,999 |
| <input type="checkbox"/> and was amended on (if applicable) |

☐ was described and claimed in PCT International Application Number _____, filed on _____ and as amended under PCT Article 19 on _____ and/or PCT Article 34 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

**DISCLOSURE AND/OR CLAIM FOR PRIORITY UNDER
35 U.S.C. §§ 119(a)-(d) OF FOREIGN APPLICATIONS
FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN)
OF THIS APPLICATION**

I hereby claim foreign priority benefits under Title 35, United States Code §§ 119(a)-(d) of any foreign applications for patent, inventor's certificate or PCT international application designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent, inventor's certificate or any PCT international application designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 37 USC § 119a-d			
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**DISCLOSURE OF FOREIGN APPLICATION(S) IF ANY,
FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN)
PRIOR TO THE FILING OF THIS APPLICATION**

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)

**CLAIM FOR PRIORITY OF UNITED STATES APPLICATIONS
OR PCT APPLICATIONS FILED
IN THE UNITED STATES RECEIVING OFFICE
UNDER 35 U.S.C. § 120**

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Date Filed	Status Patented/Pending/Abandoned
09/585,149	June 1, 2000	Pending

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
UNDER 35 U.S.C. § 119(e)**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application No.	Filing Date
60/331,882	November 21, 2001

POWER OF ATTORNEY

- ☒ I hereby appoint all the practitioners associated with Customer Number 23377 (which is the Customer Number assigned to Woodcock Washburn LLP) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Each practitioner associated with Customer Number 23377 is an attorney registered before the United States Patent and Trademark Office.

**23377**

PATENT TRADEMARK OFFICE

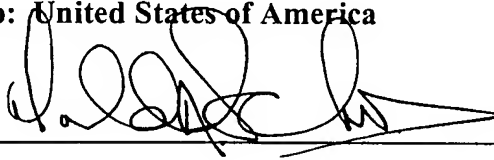
- ☐ I hereby appoint the following persons of the firm of WOODCOCK WASHBURN LLP, One Liberty Place - 46th Floor, Philadelphia, Pennsylvania 19103 as attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney/Patent Agent	Registration No.

Address all telephone calls, correspondence and maintenance fee correspondence to:

Alfred W. Zaher, Esq.
WOODCOCK WASHBURN LLP
One Liberty Place - 46th Floor
Philadelphia PA 19103
Telephone No.: (215) 568-3100
Facsimile No.: (215) 568-3439

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventorDonald*(Given Name)*A.*(Middle Initial or Name)*Schon*(Family or last name)***City/State of Actual Residence:** Paradise Valley, Arizona**Mailing Address:**4582 E. White DriveParadise Valley, Arizona 85021-7243**Country of Citizenship:** United States of America**Inventor's signature:****Date:** 3/4/03

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Full name of second joint inventorAnthonyJ.Madison*(Given Name)**(Middle Initial or Name)**(Family or last name)***City/State of Actual Residence:** Lansdale, Pennsylvania**Mailing Address:**1338 Michael WayLansdale, Pennsylvania 19446**Country of Citizenship:** United States of America**Inventor's signature:** _____**Date:** _____

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Full name of third joint inventorTimothyM.Schweikert*(Given Name)**(Middle Initial or Name)**(Family or last name)***City/State of Actual Residence:** Levittown, Pennsylvania**Mailing Address:**121 North Park Drive
Levittown, Pennsylvania 19054**Country of Citizenship:** United States of America**Inventor's signature:** _____**Date:** _____

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Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 37 USC § 119a-d			
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Application No.	Date Filed	Status Patented/Pending/Abandoned
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Provisional Application No.	Filing Date
60/331,882	November 21, 2001

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23377

PATENT TRADEMARK OFFICE

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Attorney/Patent Agent	Registration No.

Address all telephone calls, correspondence and maintenance fee correspondence to:

Alfred W. Zaher, Esq.
WOODCOCK WASHBURN LLP
One Liberty Place - 46th Floor
Philadelphia PA 19103
Telephone No.: (215) 568-3100
Facsimile No.: (215) 568-3439

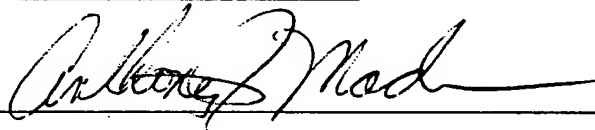
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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4582 E. White Drive

Paradise Valley, Arizona 85021-7243**Country of Citizenship:** United States of America**Inventor's signature:** _____**Date:** _____

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Full name of second joint inventorAnthonyJ.Madison*(Given Name)**(Middle Initial or Name)**(Family or last name)***City/State of Actual Residence:** Lansdale, Pennsylvania**Mailing Address:**1338 Michael WayLansdale, Pennsylvania 19446**Country of Citizenship:** United States of America**Inventor's signature:****Date:** 3-10-03

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of third joint inventorTimothyM.Schweikert

(Given Name)

(Middle Initial or Name)

(Family or last name)

City/State of Actual Residence: Levittown, Pennsylvania**Mailing Address:**121 North Park Drive
Levittown, Pennsylvania 19054**Country of Citizenship:** United States of America**Inventor's signature:****Date:** 2/25/03

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/300,999
Filing Date	21 November, 2002
First Named Inventor	Schon
Title	Multi-Lumen Catheter and Methods...
Art Unit	3742
Examiner Name	Not Assigned
Attorney Docket Number	MED-0005

I hereby appoint:

☒ Practitioners at Customer Number

33941

OR

☐ Practitioner(s) named below:



33941

PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number.

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

Place Customer
Number Bar Code
Label here

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Timothy M. Schweikert

Signature *Timothy M. Schweikert*

Date 07/23/03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/300,999
Filing Date	21 November, 2002
First Named Inventor	SCHON
Title	Multi-Lumen Catheter and Method
Art Unit	3742
Examiner Name	Not Assigned
Attorney Docket Number	MBD-0005

I hereby appoint:

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JUN - 4 2003



33941

PATENT TRADEMARK OFFICE

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Donald A. Schon
Signature	
Date	5/28/03
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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OR

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Number Bar Code
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OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Anthony J. Madison		
Signature			
Date	5/27/03	Telephone	215-256-4201

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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